

NEW JERSEY DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT  
DIVISION OF WAGE AND HOUR COMPLIANCE  
PO BOX 389  
TRENTON, NEW JERSEY 08625-0389

PLEASE COMPLETE BOTH SIDES OF FORM:

CASE NUMBER:

I request the Commissioner of Labor and Workforce Development to investigate the claim indicated by the information supplied in this complaint form and advise me of the results of the investigation.

PLEASE TYPE OR PRINT LEGIBLY IN COMPLETING THIS FORM IN ITS ENTIRETY.

**ACCEPTANCE OF THIS CLAIM BY THE DEPARTMENT DOES NOT GUARANTEE COLLECTION**

**EMPLOYMENT INFORMATION**

NAME	(LAST)	(FIRST)	(INITIAL)	SOCIAL SECURITY NUMBER
NUMBER AND STREET ADDRESS				TELEPHONE NUMBER (Give Area Code)
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER OR # WHERE MESSAGE CAN BE LEFT	
NAME OF EMPLOYER:				
BUSINESS ADDRESS (NUMBER AND STREET)				
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
EMPLOYER'S HOME ADDRESS (NUMBER AND STREET)				
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
NATURE OF EMPLOYER'S BUSINESS IS:				
NAME OF CORPORATE OFFICERS / OWNER(S):				
Has the employer filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, is the employer still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you submitted a Proof of Claim to the Bankruptcy Court? <input type="checkbox"/> Yes <input type="checkbox"/> No				
DATE STARTED TO WORK	DATE LAST WORKED	IF NO LONGER EMPLOYED, WRITE THE REASON		
MY FINAL RATE OF PAY WAS: GROSS AMOUNT – PER HOUR: \$                      PER DAY: \$                      PER WEEK: \$				
I WORKED IN – CITY:			COUNTY:	
THE KIND OF WORK I DID & TITLE:				
MY USUAL PAY-DAY WAS: CIRCLE DAY:      MON.      TUE.      WED.      THU.      FRI.      SAT.      SUN.				
THE LAST WAGE PAYMENT I RECEIVED WAS: GROSS AMOUNT: \$				DATE RECEIVED:
THE PERIOD OF TIME COVERED BY SUCH LAST PAYMENT WAS:				
THE TOTAL AMOUNT OF WAGES (BEFORE TAX DEDUCTIONS) WHICH I BELIEVE IS DUE ME IS: \$				
THE PERIOD OF TIME FOR WHICH WAGES ARE DUE (LIST DATES AND HOURS)				

I made demand for monies I believe due me at the following place and time (write in the space below, FULL INFORMATION, including the name of the person on whom demand was made and the reason given you for refusal to pay.)

WERE ANY WAGES DUE YOU PAID BY CHECKS RETURNED NOT HONORED? ☐ Yes ☐ No IF YES, SUBMIT PHOTOCOPIES OF CHECK(S).

WERE YOU A MEMBER OF ANY UNION WHEN EMPLOYED IN THIS FIRM?  
☐ Yes ☐ No

IF "YES", GIVE NAME, LOCAL NO., ADDRESS, ZIP CODE AND TELEPHONE NO. OF UNION

HAVE YOU ASKED YOUR UNION FOR ASSISTANCE?  
☐ Yes ☐ No

IF "YES", WHAT ACTION HAS THE UNION TAKEN?

WERE YOU CLASSIFIED AS AN INDEPENDENT CONTRACTOR BY YOUR EMPLOYER?  
☐ Yes ☐ No

IF "YES", HAVE YOU FILED A COURT ACTION?

DO YOU CONSIDER YOURSELF TO HAVE BEEN AN EMPLOYEE AND NOT AN INDEPENDENT CONTRACTOR? ☐ Yes ☐ No

THE FOLLOWING SPACE IS RESERVED FOR ADDITIONAL INFORMATION. PLEASE PROVIDE DETAILS AND ATTACH COPIES OF RELATED PAPERWORK. (If possible, include photocopy of a paystub or W-2 Form.)

IF UNDER 18, GIVE AGE \_\_\_\_\_ AND DATE OF BIRTH \_\_\_\_\_

NOTE: If you are under 18 years of age, it is necessary that this form be signed by one of your parents or guardian in addition to your own signature.

*I hereby authorize the New Jersey Department of Labor and Workforce Development, Division of Wage and Hour Compliance, to release my identity to the employer during the course of an investigation of this wage claim.*

Date \_\_\_\_\_

Your Signature \_\_\_\_\_

\_\_\_\_\_  
WITNESS TO SIGNATURE

and

\_\_\_\_\_  
ADDRESS OF WITNESS